STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL100-023	A. BUILDING: _____ B. WING _____	09/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALLOWAY COTTAGE	35 CELO STREET BURNSVILLE, NC 28714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on September 22, 2022. The complaint was substantiated (Intake #NC00192099). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	Continued From page 1 (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the MARs were kept current for 2 of 3 audited clients (Clients #1 and #3). The findings are: Review on 9/21/22 of Client #1's record revealed: -Admitted 6/9/21. -Diagnoses of Mild Intellectual Developmental Disability (IDD) and Asthma. -Physician orders dated 6/4/22 included Cetirizine 10 milligrams (mg) 1 tablet at bedtime. Review on 9/21/22 of Client #1's MARs for September 2022 revealed: -Cetirizine 10 mg at bedtime - there were no initials to indicate the medication was given on 9/10/22 and 9/16/22. -There were no exceptions noted on the back of the MAR to indicate why Cetirizine was not given. Interview and observation on 9/21/22 at 11:37 a.m. revealed: -The bubble pack did not have a tablet in it for Cetirizine on the 10th and the foil was not broken. -There was no pill in the bubble pack for the 16th and the foil was broken.	V 118		

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V 118	Continued From page 2 -The Qualified Professional (QP) said they gave the Cetirizine on the 16th and felt staff forgot to initial it. -The 10th was not given because it was a partial fill as noted at the top of the bubble pack. Review on 9/22/22 of Client #3's record revealed: -Admitted 7/1/15. -Diagnoses of Moderate IDD, Explosive Disorder, Anxiety Disorder, Disruptive Behavior Disorder, Expressive/Receptive Language Disorder, Bipolar Disorder, Unspecified, Seizure Disorder, Hypertension, Vitamin D Deficiency, and Sleep Apnea. Review on 9/22/22 of Client #3's physician orders revealed: -6/9/21 orders included: -Buspirone 15 mg - 1 tablet 2 times a day; -Calcium/Vitamin D3 600 mg/400 units - 1 tablet every a.m.; -Estradiol 2 mg - 1/2 tablet day; -Fluvoxamine 50 mg - 1 tablet a day; -Hydrochlorot 25 mg - 1 tablet every a.m.; -Lorazepam 0.5 mg - 2 tablets (1 mg) every a.m.; -Risperidone 2 mg - 1 tablet every a.m.; -Vitamin B-12 1000 micrograms (mcg) - 1 tablet every a.m.; -Vitamin D3 1000 units - 2 tablets 2 times a day; -Restasis EMU .05% - 1 drop in each eye 2 times a day. -11/4/21 orders included - Cetirizine 10 mg - 1 tablet daily. Observation on 9/21/22 at 11:08 a.m. of Client #3's medications included: -Buspirone 15 mg - 1 tablet 2 times a day; -Calcium/Vitamin D3 600 mg/400 units - 1 tablet every a.m.; -Estradiol 2 mg - 1/2 tablet day;	V 118		

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V 118	Continued From page 3 -Fluvoxamine 50 mg - 1 tablet a day; -Hydrochlorot 25 mg - 1 tablet every a.m.; -Lorazepam 0.5 mg - 2 tablets (1 mg) every a.m.; -Risperidone 2 mg - 1 tablet every a.m.; -Vitamin B-12 1000 micrograms (mcg) - 1 tablet every a.m.; -Vitamin D3 1000 units - 2 tablets 2 times a day; -Restasis EMU .05% - 1 drop in each eye 2 times a day; -Cetirizine 10 mg - 1 tablet daily. Review on 9/21/22 of Client #3's MARs for September 2022 revealed: -The above medications were to be administered at 8:00 a.m.; there were no initials to indicate the medications were given on 9/20/22. -There were no exceptions noted on the back of the MAR. Interview on 9/21/22 with the QP revealed: -She looked at the bubble packets for the above medications and they were empty for 9/20/22. -She felt the medications were given but staff forgot to initial the MAR.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and	V 536		

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other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.
(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Staff shall demonstrate competence in the following core areas:
(1) knowledge and understanding of the people being served;
(2) recognizing and interpreting human behavior;
(3) recognizing the effect of internal and external stressors that may affect people with disabilities;
(4) strategies for building positive relationships with persons with disabilities;
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;
(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;
(7) skills in assessing individual risk for

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V 536	Continued From page 5 escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	V 536		

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V 536	Continued From page 6 (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (Staff #1) completed refresher training on alternatives to restrictive interventions prior to providing services. The findings are: Review on 9/22/22 of Staff #1's employee file revealed: -Hired 4/8/19. -Approved training on alternatives to restrictive interventions expired 9/30/21. Interview on 9/22/22 with the Qualified Professional revealed: -Staff #1 had been scheduled for the refresher course but had to cancel due to illness. -She was scheduled to take the course next week.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated	V 537		

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competence at least annually.
(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.
(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
(1) refresher information on alternatives to the use of restrictive interventions;
(2) guidelines on when to intervene (understanding imminent danger to self and others);
(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);
(4) strategies for the safe implementation

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V 537	Continued From page 9 of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or	V 537		

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failing the course.
(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.
(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) evaluation of trainee performance; and
(D) documentation procedures.
(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
(8) Trainers shall be currently trained in CPR.
(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.
(11) Trainers shall complete a refresher instructor training at least every two years.
(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcome (pass/fail);
(B) when and where they attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may review/request this documentation at any time.

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V 537	Continued From page 11 (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all staff completed training in seclusion, physical restraint and isolation time-out annually for 1 of 3 current staff audited (Staff #1). The findings are: Review on 9/22/22 of Staff #1's employee file revealed: -Hired 4/8/19. -Approved training on seclusion, physical restraint and isolation time-out expired 9/30/21. Interview on 9/22/22 with the Qualified Professional revealed: -Staff #1 had been scheduled for the refresher course but had to cancel due to illness. -She was scheduled to take the course next week.	V 537		